

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 23 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001110

1. Corporation Name

Final Quest Outreach Ministries
Church, Inc.

2. Principal Office Address

101 S. Bumby Ave. #J22

Suite, Apt. #, etc.

#J22

City & State

Orlando FL

Zip

32803

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 15, 2000

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hector Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

101 S. Bumby Avenue

Suite, Apt. #, Etc.

#J22

City

Orlando

State

FL

Zip Code

32803

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Hector Rodriguez

Date

1/20/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Hector Rodriguez	101 S. Bumby Avenue	Orlando FL 32803
Vice President	Marta Rodriguez	101 S. Bumby Avenue	Orlando FL 32803
Secretary	Natasha Laboy	101 S. Bumby Avenue	Orlando FL 32803
Treasurer	Jose Laboy	101 S. Bumby Avenue	Orlando FL 32803

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Hector Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/04 407-228-3837

Daytime Phone #

CR2E081 (10/02)